

Michigan Conference of Teamsters Welfare Fund



Messenger

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Message from MCTWF's Executive Director

Dear Teamster Families:

With America in distress and longing for change – its people bewildered and frustrated by its inability to gain control of the forces that are inflicting such injury upon it, fed up with Congressional paralysis, and desperate for solutions as this beleaguered Nation's wealth, its middle class, its infrastructure, its influence, its credibility – its future – slips away; with a Conservative right wing disheartened, having no candidate ideologically pure enough to carry its banner, we very well may elect instead, a gifted, visionary President, able and desiring to inspire America, to lead it away from its self destructive course and serve the true interests of its people. Among the critical areas of focus will, and must surely be, the achievement of a viable universal health care system.

If legislated wisely, universal health care will have an enormously valuable impact on this Country, but without undoing that which is best about its private health care system. While having its greatest initial impact on the tens of millions of uninsured Americans through early stage disease interventions, wellness programs and chronic disease management, it ultimately will result in lower cost and higher quality of care for all of us. This will occur as the current emergency driven, catastrophic approach to treating the uninsured is eliminated from the system, as wasteful duplicative and inappropriate services are eliminated through the universal imposition of "best practices" and through nationally accessible electronic data bases of secure personal medical records, provider outcomes and provider quality assessments, as the public is permitted to leverage its purchasing power, and as more funds are directed into research and development. This will not be a socialized, resource deficient, triaged system of health care; we will continue to have choice in the selection of our providers and in the selection of our group health plans like MCTWF, but that which is unfair, greedy, corrupt, hidden from scrutiny, deceptive, manipulative, wasteful, or failing to meet minimum quality or practice standards must be driven out of the system, despite the enormous influence of the opposing special interests.

Current projections by the Centers for Medicare and Medicaid Services (CMS) show federal spending on health care to double by 2017, consuming nearly 20% of America's gross domestic product. CMS also projects that by 2017 consumer out of pocket health care spending will be approaching a half trillion dollars, over half of what Medicare will be spending for all the baby boomers. These projections are unfathomable, as would be the impact of those expenses on America's well being, and as would be, therefore, the failure to enact universal health care legislation during the next Administration.

In the meantime, life goes on here at the Fund and we have a few new items to announce in this Winter *Messenger*. With much excitement, we're rolling out the initial phase of our *Participant Web Portal*, which provides you and your eligible dependents with access to your personal information maintained by MCTWF, through a secure, pass word protected portal on our website. Ultimately, access will be comprehensive; covering all individual enrollment, eligibility, and claims information, with patient notification capability and linked research tools. In this first phase, you and your eligible dependents will be able to check enrollment information, update your home and email addresses and your home and cell phone numbers, view your plan of benefits, check your eligibility status and remaining eligibility for benefits, as well as the number of your remaining benefit bank weeks, and review your self contributions for COBRA and Retiree Medical Program participation.

Also inside this issue are notifications regarding the Trustees' decision to provide all dental plan participants with access, as of April, 2008, to the Delta Dental PPO network, in addition to their current access to the Delta Dental Premier network. Use of a PPO dentist, many of whom are also Premier dentists, will entitle the participant to improved dental benefits. In addition, the Trustees have increased the Retiree Medical Program annual benefit limit to \$200,000 commencing with calendar year 2007, further relaxed the full time student eligibility rules, expanded dental plan coverage to include porcelain fused crowns seated in the posterior of the mouth, and clarified the policy regarding the frequency of dental plan coverage for full mouth X-rays. Also please note the notifications regarding BCBSM's new physical therapy provider network and the April 2008 Retiree Medical Program self contribution rates.

On behalf of the Trustees and staff, I wish you good health and good fortune in the coming season.

Richard Burker

Inside this issue:

Introducing MCTWF's Participant Web Portal	2
Delta Dental PPO Network	3
Dental Plan Benefit Expansion—Crowns	3
Dental Plan Benefit Clarification - X-rays	3
Full-Time Student Rule Amendment	4
Retiree Medical Program Annual Benefit Maximum Increase	4
Retiree Medical Program Rates April 2008-March 2009	4
BCBS PPO Physical Therapy Provider Network	5
Women's Health and Cancer Rights Act of 1998	5
DeltaVision® - MCTWF's Vision Network	6
Certificate of Creditable Coverage Notice	6

Editor's Note:

For simplicity, unless otherwise stated, the *Messenger* uses the masculine form to refer to male and female individuals and uses the term "participants" to refer to both participants and their eligible dependents.

Introducing MCTWF's Participant Web Portal

We are pleased to make available to participants and covered dependents over 18 years of age (hereafter, "eligible dependents") our new *Participant Web Portal*. The *Portal* provides you with fully secured access to your personal information maintained by MCTWF. Described below, are the categories of information presently available in this phase of the *Portal*'s development. In its second phase, of which we hope to complete development by year's end, we will make available your claims records, current benefit accruals that are subject to dollar and frequency limits, employer contribution information, expanded interactive functions and much more. The *Portal* is accessible from the home page of our website at www.mctwf.org.

Participant Screen – This screen can be viewed by all eligible family members and provides the current and last log in date, participant's contract number, name, date of birth, gender, current benefit plan (which when clicked, links to a current summary of benefits), benefit bank weeks remaining, current address, phone number and marital status.

Family Screen – This screen can be viewed by all eligible family members and provides each covered person's name, date of birth, relation to participant, and the date through which coverage is available (subject, of course, to satisfying other eligibility requirements). If the "covered through" date is "open-ended", coverage is active and there has been no determined termination date established. Each family member is assigned an "ID" number which, when clicked on, opens up an Eligibility History screen.

Eligibility History Screen – Each covered family member has his own Eligibility History screen. All periods of eligibility on or after January 1, 2006 are displayed. Periods of eligibility are separated by changes in benefit plan, or employer, or by a lapse in eligibility. If a period of eligibility terminates, access to that eligibility history is limited to 24 months from the termination date. Eligibility history includes the coverage eligibility date, the coverage termination date, the participant's employer, the participant's local union, the current benefit plan (which when clicked, links to a current summary of plan benefits), and any applicable notes. The participant and each currently eligible dependent may view each family member's eligibility history. Dependents who are no longer eligible are limited to viewing their own history.

Retiree Screen – This screen is available only to retired participants and their eligible spouse who are participating in or have deferred participation in MCTWF's Retiree Medical Program. It provides the participant's retirement date and the most recent deferral period dates.

COBRA Screen – This screen is available only to participants or eligible dependents whose participation in a MCTWF COBRA plan commenced on or after January 1, 2006. It provides the loss of active coverage event date, the type of COBRA event, the COBRA coverage notification date, the coverage election deadline date, the date the election was received by MCTWF, the date COBRA coverage will expire, assuming timely contribution payments, the COBRA plan name (which when clicked, links to a current summary of plan benefits), the pre-COBRA event active plan, and the participant's decision as to when to apply available benefit bank weeks.

Self-Contribution Payments Screen - This screen is available only to participants or eligible dependents who have made self-contribution payments (i.e., Retiree Medical Program or COBRA plan contributions) on or after January 1, 2006. It provides the date the payment was applied to the account, the type of payment made, the period covered by the payment , and the amount received.

Account Maintenance Screen – This screen gives you the ability to review and update your address, telephone number, and email address, or to change your account password.

In order to view personal account information, the participant or dependent must first create an account. An account can be created by any participant or dependent who is currently eligible for coverage (dependents must be age 18 years or older or age 19 with the required full-time student form). If eligibility terminates, access to the eligibility history is limited to 24 months from the termination date.

Delta Dental PPO Network

Presently, all MCTWF dental plan participants are covered for services rendered by Delta Dental Premier network providers. We are pleased to announce that effective April 1, 2008, the Delta Dental PPO network also will be made available to participants.

While coverage remains unchanged for services rendered by Delta Dental Premier providers, coverage will be enhanced for services rendered by Delta Dental PPO providers with respect to MCTWF's dental plans' annual benefit maximums and Class III services, as follows:

	Dental Plan I		Dental Plan II	
	Premier	PPO	Premier	PPO
Annual Benefit Maximum	\$2,000	\$2,100	\$1,500	\$1,600
Class III (major restorative and prosthodontic) Services Coverage	85%	90%	85%	90%

Many Delta Dental Premier dentists also participate in the Delta Dental PPO network. If your dentist is one of those providers, you will be entitled to the PPO level benefits. In addition, to determine whether a dentist participates in the Delta Dental PPO network, you may call MCTWF's Customer Service Department at 800-572-7687, or link to the Delta Dental PPO network provider search through the *Provider Networks* page of MCTWF's website at www.mctwf.org. You also will be receiving a Delta Dental PPO network directory in the near future.

Dental Plan Benefits

Dental Plan Benefit Expansion - Crowns

MCTWF's dental plans have followed Delta Dental of Michigan's standard policy of limiting coverage for crowns seated in the posterior portion of the mouth (i.e., the top and bottom rear natural eight teeth), to the amount allowed for high noble metal crowns. If a participant chose an "all porcelain" (porcelain/ceramic) or a "porcelain-fused-to-metal" crown for a posterior seating, he would be charged the difference between the amount payable by MCTWF (85% of the allowed amount for a metal crown) and the dentist's full charges for the porcelain crown. Effective February 1, 2008, the Trustees have expanded MCTWF's dental plan benefit coverage to include posterior seated, porcelain-fused-to-metal crowns. Crowns seated in the posterior portion of the mouth that are of all porcelain composition remain uncovered.

Dental Plan Benefit Clarification - X-rays

MCTWF's dental plans follow Delta Dental of Michigan's standard policy of generally limiting coverage for a full mouth or panoramic x-ray to once every five years. While the standard policy limits general practitioner dentists (including pediatric dentists) to the once per five year limitation, regardless of whether the patient is seen by more than one general practitioner dentist during the period, the limitation does not apply when the general practitioner dentist provides adequate evidence that the additional x-ray was clinically necessary.

Where care is provided by dental specialists (e.g., orthodontists, periodontists, prosthodontists, etc.), each specialist is limited to one full mouth or panoramic x-ray per five year period (independent of any such x-rays taken by the general dentist), but additional such x-rays by a specialist during the five year period will be covered only upon submission of adequate evidence of clinical necessity.

We urge you to have your dentist submit a predetermination request to Delta Dental for services expected to exceed \$200 in charges, so that you can be apprised of to what extent your annual benefit maximum will cover the charges.

Full-Time Student Rule Amendment

Under all MCTWF Plans (with the exception of the Retiree Medical Program) extended coverage is available for dependent children age 19 through the end of their 24th birthday month, provided that the child is enrolled in a degree or certification program offered by an accredited academic institution or an accredited vocational school (except where they fall under the non accredited exception rule; please see the Fall 2006 issue of the *Messenger*), as documented by a completed *Full-Time Student Eligibility Verification Form*. The Trustees have amended the policy with regard to the maintenance of eligibility for coverage as follows:

With the exceptions noted below, the Trustees have amended the policy to provide that coverage for the student whom MCTWF ultimately determines not to be enrolled as a full-time student in the current semester will be retroactively terminated back to:

- August 31st for those students who were enrolled in the Winter/Spring semester; and
- December 31st for those students who were enrolled in the Fall semester.

So, for example, Student A completed the Winter/Spring semester in May 2007 and determines in September to skip enrollment in the Fall semester. Coverage will cease retroactive to August 31, 2007. Any claims incurred thereafter will be denied and the participant will be responsible for reimbursement to MCTWF for benefits paid in error during that time. Coverage will resume upon re-establishment of full-time student enrollment.

Previously, coverage was retroactively terminated back to the last day of the month following the previous semester.

Exceptions - Coverage ceases on the date of the following event or decision, when MCTWF is informed -

1. That the child has already graduated, or
2. Prior to August 31st for the Fall semester or December 31st for the Winter/Spring semester, that the child has chosen not to, or is unable to, enroll in that next semester.



Retiree Medical Program Annual Benefit Maximum Increase

The Trustees have increased the Retiree Medical Program calendar year benefit maximum to \$200,000 (up from \$150,000), commencing with calendar year 2007.

Retiree Medical Program Rates April 2008 - March 2009

Effective April, 2008, the below listed self contribution rates will apply to all those participating in MCTWF's Retiree Medical Program:

Monthly Self-Contributions Rates Covering Both Retiree and Spouse						
Age at Retirement	Years in Fund 5 - 9	Years in Fund 10 - 14	Years in Fund 15 - 19	Years in Fund 20 - 24	Years in Fund 25 - 29	Years in Fund 30 +
50 - 54	\$540	\$490	\$440	\$395	\$340	\$295
55 - 59	\$415	\$385	\$355	\$325	\$300	\$275
60 - 64	\$295	\$285	\$275	\$265	\$255	\$245

For eligible retirees whose active employment ceased prior to January 1, 2002 - \$245

Participants contemplating retirement should refer to MCTWF's age and service rules for Program eligibility.

BCBS PPO Physical Therapy Provider Network

Effective with the implementation of the BCBS PPO provider network in January 2006, participants were advised that independent licensed physical therapists (which includes outpatient physical therapy facilities) were not part of the BCBS PPO network and therefore, services obtained from those providers were covered at in-network benefit levels.

Blue Cross Blue Shield of Michigan has informed us that independent physical therapists (IPT) and outpatient physical therapy (OPT) facilities now are included in the BCBS PPO provider network and that effective April 1, 2008, participants utilizing a non-BCBS PPO network physical therapy provider will incur an additional 10% coinsurance charge. Services performed by these providers include physical therapy, occupational therapy and speech therapy. For all MCTWF traditional plans (i.e., SOA, PEP, TIF1, TIF2 and I&S) the IPT and OPT patient coinsurance rate will follow those of the Additional Services and Supplies benefit and for all MCTWF comprehensive major medical plans (i.e., the Key and Retiree Medical Plans), the IPT and OPT patient coinsurance charges will follow the plan-wide patient coinsurance rate.

The below chart details the physical therapy patient coinsurance charges, by plan, for BCBS PPO network providers and non BCBS PPO providers for services beginning April 1, 2008.

To determine whether a provider participates in the BCBS PPO network, you may link to the provider search available at www.mctwf.org on the *Provider Networks* page or contact MCTWF's Customer Service Department at 800-572-7687.

Participants who commenced a treatment plan with a non-BCBS PPO network physical therapy provider prior to April 1, 2008, may continue to receive treatment at in-network benefit levels for the duration of their treatment plan.



	Physical Therapy (IPT & OPT) BCBS PPO Network	Physical Therapy (IPT & OPT) Non BCBS PPO Network
Base Medical Plan	Additional Services & Supplies Patient Coinsurance Rate	
SOA	25%	35%
PEP	25%	35%
TIF1	25%	35%
TIF2	25%	35%
I&S	25%	35%
Base Medical Plan	Plan-wide Patient Coinsurance Rate	
Key I	10%	20%
Key II	15%	25%
Key III	20%	40%
Key IV	20%	40%
Retiree Medical	15%	25%

Women's Health and Cancer Rights Act of 1998

The Women's Health and Cancer Rights Act (Women's Health Act) was signed into law October 21, 1998. This law amended the Employee Retirement Income Security Act of 1974 (ERISA) and provides important protections for breast cancer patients who elect breast reconstruction in connection with a mastectomy.

Under the Women's Health Act, group plans offering mastectomy coverage must also provide for reconstructive surgery in a manner determined in consultation between the attending physician and the patient. Coverage must include:

- Reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and treatment of physical complications at all stages of the mastectomy, including lymph edemas.

MCTWF provided this coverage for many years prior to the enactment of this law and continues to do so.



The **Messenger**, published quarterly, notifies you of changes to your plan of benefits. Please retain all issues of the **Messenger**, along with your SPD booklet and other plan materials, for future reference.

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If in reviewing any Explanation of Benefits provided to you from MCTWF, or any of its vendors, you identify possible fraud, please contact the appropriate toll free **Anti-fraud Hotline** as follows:

For MCTWF Claims 800-637-6907
For Delta Dental or Optical Claims 800-524-0147
For BCBSM Hospital Claims 800-482-3787

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DeltaVision® - MCTWF's Vision Network

The DeltaVision® nationwide network of quality eye care professionals was made available to all MCTWF optical plan participants, effective October 1, 2007 (please see the Summer 2007 issue of the **Messenger**). Through the network, participants are covered in full for eye examinations and single, bi-focal and trifocal lenses, with substantially improved coverage for frames and contact lenses, and benefits for laser vision correction and polycarbonate lenses for children.

To determine whether a provider participates in the network, you may link to the provider search available at www.mctwf.org on the *Provider Networks* page or contact MCTWF's Customer Service Department at 800-572-7687.



Please be sure to inform the provider that you are covered by DeltaVision®. By doing so, participating providers will submit the claim on your behalf and any out-of-pocket expense you incur will reflect all discounts to which you are entitled.

Certificate of Creditable Coverage Notice

Upon the occurrence of a "COBRA event", MCTWF will issue to you a notice of your right to COBRA continuation coverage and a Certificate of Group Health Plan Coverage Under HIPAA. This Certificate provides evidence of your MCTWF group health coverage and should be presented to your next group plan health administrator if that plan delays coverage for certain pre-existing medical conditions. Presentation of the Certificate may serve to decrease or eliminate the plan's preexisting condition limitation period.